

REPORT TO THE TWENTY- THIRD LEGISLATURE
STATE OF HAWAII
REGULAR SESSION OF 2006

PURSUANT TO SENATE CONCURRENT RESOLUTION 79
SENATE DRAFT 1, HOUSE DRAFT 1
REQUESTING THE CONVENING OF A
TASK FORCE TO FACILITATE THE ESTABLISHMENT OF
NATURALLY OCCURRING RETIREMENT COMMUNITIES IN HAWAII

PREPARED BY:
STATE OF HAWAII DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING
DECEMBER 2005

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I. INTRODUCTION

In the decade between 1990 and 2000, Hawaii has realized an increase in the population over the age of 85, of 69%. This rapid increase has created a great awareness among legislators, policy makers, health care providers, caregivers and the elderly about the challenges of serving the needs of this population. The expense and logistics involved in dealing with large numbers of individuals who are aging has simultaneously created an interest in Naturally Occurring Retirement Communities.

DEFINING A NORC

Michael Hunt first used the term NORC in his 1990 study of neighborhoods in Wisconsin. The term NORC stands for Naturally Occurring Retirement Community, and was initially used to describe housing complexes not specifically for seniors, but where half of the buildings' population is at least 60 years old.

NORCs are essentially any geographic area with a high concentration of elderly. NORCs can be found in apartment buildings and condominiums, neighborhoods, and small towns, and are places where a large proportion of the population has aged-in-place.

The cut-off age varies in NORC definitions – from 50 to 65 years old. The proportion of the population over that age which constitutes a NORC ranges from 40 to 65 percent. The reasoning behind the different limitations varies from place to place, such as the age of eligibility for Medicare, and the density level of older adults in the identified area. In New York, at least 50 percent of the households, or 2,500 of the residents of a housing development, have at least one member over the age of 60. In Atlanta it is defined as a census block area with at least 25 percent of the population over the age of 65. As Lanspery and Callahan have found, communities begin to feel the effect of their older population when they exceed 26 percent of the total population.

It is considered more cost effective to deliver a package of preventative and supportive services to the older adults within NORCs, which have a high concentration of seniors, rather than attempt to service them individually on a reactive basis. Also, NORC supportive service programs are believed to be advantageous simply because they reflect the overwhelming preference of persons to live at home. Without social service programs in their NORCs, seniors over time have difficulty conducting their usual life style or maintaining their dwelling without the help of others, and may have to move to the type of residence that offers care such as an ARCH, assisted living facility, or nursing home.

This study of NORCs is limited to condominiums in Honolulu, in a vertical arrangement of six or more units, and its recommendations are made within the context of the passage of Senate Concurrent Resolution 79, (2005). This report's purpose is to identify where the concentrations are and needs of this senior population to assess the need for services within NORC condominiums.

For the purpose of this study, a condominium was considered to be a NORC if approximately 40 percent of its population was at least 55 years old or more, a reasonably high concentration of older residents. The age cut off was set at 55 to reflect one of the goals of the Task Force, which was to plan for future demands of the Baby Boomers. Specifically, by 2010 it is estimated at 25 percent of Hawaii's population will be 60 years old or more, and that this large number of older adults will affect the state in many ways. Those who are currently at least 55 this year will fall into this target population by the year 2010.

BACKGROUND

This report seeks to identify and discuss the major issues in the context of creation of NORCs, so that development and planning in the State of Hawaii can take place for the additional demand for senior services in the coming area. The effort was initiated by Senate Concurrent Resolution 79 Senate Draft 1, House Draft1, and adopted by the 2005 State Legislature.

This Resolution requested the Department of Health, Executive Office on Aging (“EOA”) to convene a Task Force composed of representatives from the public and private sectors to Assist residential associations to address issues which face elders, especially those living in condominiums, housing cooperatives and high density environments. Task Force members included the following people and their representative organizations:

Barbara Kim Stanton, AARP-HI
Betty Lou Larson, Catholic Charities HI
Cynthia Yee, HI Real Estate Commission
Emmet White, HI Long Term Care Assn.
Florence Lau, Assisted Living Options HI
Helen Price, HI Assn of Realtors
June Ito, HI Assn of Realtors
Michele Sunahara Loudermilk, HI Real Estate Commission
Myong Oh, HI Assn of Realtors Govt. Affairs
Pat Sasaki, Executive Office on Aging
Pat Tompkins, City & County Elderly Affairs Division
Ralph Ahles, ARM Real Property Managers
Richard Port, HI Assn/Independent Condo & Coop Owners
Robert Ogawa, HI Long Term Care Assn.
Ruth Dias Willenborg, Assisted Living Options HI
Steve Glanstein, Community Associations Institute
Coral Andrews, Health Care Assn of HI
Y. Jane Sugimura, HI Council of Assn. of Apt. Owners

The EOA was asked to collaborate with the Hawaii Real Estate Commission in assisting the task force to:

- Identify issues and problems that inhibit establishment of naturally occurring retirement communities and provide potential solutions on how condominiums and housing associations and other real property organizations may be able to expedite and pursue the most cost-effective avenue in order to resolve these issues and problems;
- Publish information regarding elderly care services and resources, including a guide to educational materials about aging issues, the needs and concerns relating to aging in place, especially in condominiums, cooperatives and high density living environments;

- Submit a report to the Legislature detailing proposed costs for publication and distribution of an educational guide relating to aging issues;
- Survey the general conditions and the number of elderly living in condominiums and apartments, and to find out the types of problems the elderly are encountering, and provide information about how the elderly groups can positively contribute their skills and time to the community; and
- Submit a report to the Legislature on its findings and recommendations at least 20 days prior to convening of the 2006 Regular Session.

We would like to acknowledge the work of all the participants in preparing this report. The timeframe for the Task Force to conduct its work was too brief to conduct a comprehensive review of NORC service programs and their applicability for Hawaii. For example, the total time elapsed between the release of funding for this study of elderly needs in condominiums and the final report draft was 3.5 months. However, there was adequate time to address all of the requests as requested pursuant to the Legislative intent of SCR 79. In the limited time to conduct the work, productive discussions were held among the members in work groups and as a whole to develop the issues, barriers and solutions which ultimately became the basis for recommendations of this Report.

The use of project funds from the Condominium Management Education Fund also requires that this SCR 79 report be provided for the benefit of the condominium community, especially those entities required to contribute to the fund. The costs incurred in this publication and survey is therefore limited to a study of residences which are condominiums of six or more units.

HISTORY OF THE RESOLUTION

- **RESOLUTION**

This resolution was introduced in response to Legislative concerns that condominiums and co-ops are not equipped to handle the needs of their frail elderly residents whose health is failing.¹ The members of the SCR 79 Task Force representing expertise and interest in housing, social services and gerontology have been asked provide ideas, concerns and develop possible alternatives to support the viability of Naturally Occurring Retirement Communities. The Legislature also felt this Task Force could identify support services and create internal resources where they did not currently exist.²

- **PREVIOUS RELATED ACTIVITIES**

During the year 2003, public forums regarding the growing needs of our elder population in high rises were held. Topics raised during the discussions included a greater demand for emergency medical services in high density areas, the lack of safety features such as sprinklers, increased risk of personal injuries, common area designs that are not suited for the special needs of needy elderly residents, dealing with individuals who suffer from dementia or mental health issues.³

In the same year, the Legislature formed a task force to address the impact and feasibility of licensing condominiums and/or cooperative housing corporations as assisted living facilities. The Act 185 task force determined that conversion to licensed facilities was infeasible, due to the high cost of insurance, liability concerns and apportionment of costs among needy older residents against those not needing social services. Instead of creating a licensed entity within each condominium project, it was believed that one solution was to bring existing licensed social services programs into these buildings.

¹ Committee on Health and Human Services, Senate Standing Committee Report 1438—(2005)

² Senate Standing Committee Report 1438

³ October 25, 2003, Aging in Place in Condominiums Conference Report

II. NORC SOCIAL SERVICE PROGRAMS IN OTHER STATES

NORC programs are currently being implemented in a number of other states. In 2005, the U.S. Administration on Aging (AOA) committed \$7.5 million in grants to fund the continuation of or for new demonstration NORC programs.⁴

New York is the state that has the most experience with NORC programs. In New York City, out of an estimated 1.2 million seniors, approximately 350,000 live in NORCs and an estimated 46,000 receive NORC program services.⁵ Services offered by New York City NORC programs include social services, health care, mental health services, legal and financial services, recreation, educational and cultural activities and volunteer opportunities. The growth of NORC programs in New York resulted from a commitment and partnership between the public and private sector funding sources, which is key to the sustainability of NORC programs. Some NORC programs (1 in New York and 2 in Ohio) have failed due to unavailability of funding beyond the demonstration period.

The AOA, in committing the NORC program grants, declared, “The awards will develop and demonstrate use of social and health related services in multigenerational and age-restricted residential settings, including market-rate and subsidized apartments and condominiums and residential neighborhoods and communities with mixed housing. Their primary goal is to help seniors remain independent in their own homes as long as possible and delaying transfer to facilities with dependent care.”⁶

Intuitively, it would appear that delaying institutionalization and permitting the elderly to remain in their homes would result in less expense. However, *there is no analytical data from other NORC programs that show that NORC programs are more cost efficient.* While accountability measures were first written into legislation in 1994, much of the data is considered unreliable. For example, the New York State Office for the Aging required each demonstration project to provide the number of nursing home stays and the number of hospital stays forestalled. However such data is not used as patterns of health care utilization have changed, and there may be inconsistencies in definitions and error in data entry.⁷

NORC service programs have their own organizational structure; for example a lead agency, or a coop board and service contractors, or both. Lanspery and Callahan point out that the critical difference between the NORC services programs is that traditional integrated service networks market to a membership group, but in the NORC program, the emphasis is giving discretion and control over the services offered. In any implementation of NORC service programs, they maintain that identifiable stakeholders

⁴ 16 continuation awards made in New York, New Jersey, Pennsylvania, Maryland, Georgia, Florida, Illinois, Michigan, Minnesota, Nevada and California. 13 new demonstration awards made in New York, New Jersey, Ohio, Florida, California, Oregon and Utah.

⁵ United Jewish Appeal of New York: <http://www.ujafedny.org/site/News2?page=NewsArticle&id=6134>.

⁶ AOA Press Release 2005 from Bruce Craig.

⁷ Fredda Valadeck, NORC advocate and developer, conversation on August 26, 2005.

and a strong governance structure is an important factor in implementing these programs.⁸

The NORC approach provides a new and alternative means of delivering resources and services to the elderly. The goals of maintaining independence are laudable. However, any examination of the feasibility of this new program must be viewed with an eye to how it might be incorporated into the existing social service provider networks already in operation in Hawaii.

⁸ Urban Institute, Social Service Programs in Naturally Occurring Retirement Communities, unpublished report for DHHS contract HHS-100-97-0010, November 2004.

III. TRADITIONAL LONG TERM CARE SERVICE NETWORKS FOR HAWAII'S SENIORS

In the year 2000, there were 17,650 persons in Hawaii over the age of 60 who had limitations or deficits in two or more activities of daily living.⁹ This number represented 8.5 percent of the total population of 207,001 older persons in Hawaii. Currently, many elderly persons live in the 1,500 condominiums and apartment buildings in Oahu. According to the year 2000 estimates of the Elderly Affairs Division of the City and County of Honolulu, persons 85 and older who were non-residents of assisted living facilities, but likely to need home-based supportive services, represented 2.9 percent of the older population, or 5,997 persons.

There are different options and programs of long term care services in Hawaii, available through private payment, federal government, and state supports. Limited care such as hospitalization services are available under guidelines provided by the Medicare and Medicaid programs. Medicaid provides for in-home services through the "Nursing Homes Without Walls" program which serves approximately 1,000 persons. Medicare is tied to the social security program but does not pay for long-term care. It pays for acute (hospital, restorative, and hospice) care. Despite the available programs, the number of long term care beds in the State is not adequate to meet the burgeoning numbers of older persons in Hawaii.

According to the Department of Health, Office of Health Care Assurance, that is responsible for licensing the majority of long term care facilities in Hawaii, there are 2,638 Adult Residential Care home beds¹⁰. Although residential care homes serve mentally and physically disabled adults, it is estimated that about 60% or 1,582 of their clients are seniors 60 and above. (Karel, 1991). Additionally there are 1,334 beds in Hawaii's ten Assisted Living facilities. There are approximately 4,000 beds in the 47 licensed nursing homes. While there is a population of 17,650 people over the age of 60 who have limitations of 2 or more activities of daily living, there are only 6,916 beds in care facilities throughout the state. Aside from the pure shortage of beds, there is also the consideration of cost. Privately paid nursing homes in Hawaii can cost upwards of \$80,000 per year, restricting the availability to those who can afford them.

An alternative to group residential or skilled care is the provision of supportive home and community based services. These programs are frequently government operated. With the county agencies on aging, and private providers, the EOA funds *Kupuna Care*, a program designed to promote self sufficiency for persons at home, and to forestall their premature institutionalization. Clients may select from eight basic in-home services provided by county agency on aging contracts with private providers under the

⁹ *Hawaii State Department of Health, Behavioral Risk Factor Surveillance System, 2000*

¹⁰ As of October 10, 2005.

government procurement system. There are procedures to promote accountability such as unit cost reimbursement. The number of persons served in 2005 equals 6,333.¹¹

Additional long term care services exist for people receiving Section 202 assistance in government subsidized housing projects, where about 6,500 seniors live. For those who can afford to pay, home health agencies who provide in home nursing and paraprofessional assistance on a private pay basis. Another alternative to the provision of paid care is the family caregiver. One of the initiatives of the EOA is the statewide Caregiver Resource Initiative Project. Services provided included information, assistance, counseling, respite care and supplemental care for caregivers and the older adults they care for. It is estimated that percentages between 14% to 21% of Hawaii's total population provides regular care to a person over age 60.¹²

¹¹ As of July 1, 2005

¹² *Hawaii Health Survey, 2003*

IV. RESULTS OF THE SURVEY OF CONDOMINIUM MANAGERS

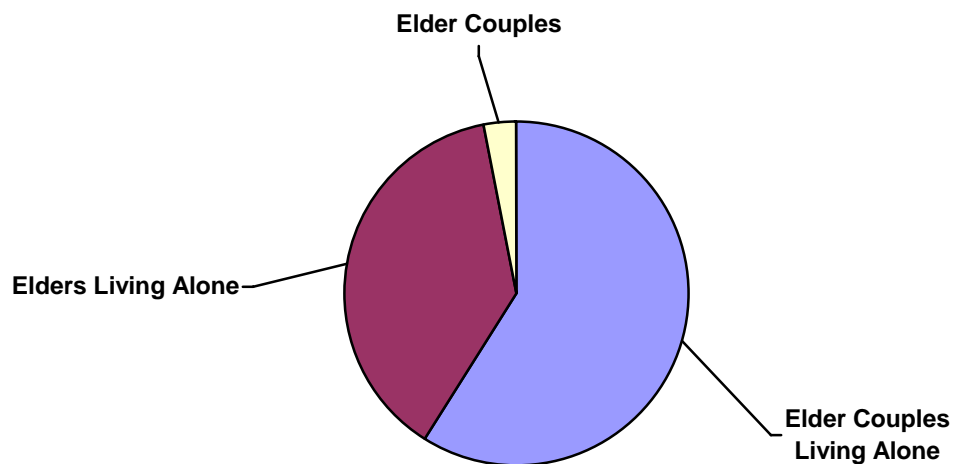
The purpose of the survey was to identify the major issues affecting elders wanting to remain independent in their own homes and to provide context for the development of a report on NORCs. The information about each particular building was to be confidential. We sought information about the age, living alone status, race and language, approximate numbers of elderly, help provided by their peers, and their most significant problems within the buildings. Names for contact purposes were received from the Hawaii Real Estate Commission. The survey was mailed to managing agents and self-managed condominiums in Honolulu.

Condominium Profiles

Seventeen buildings received the survey. For the purposes of our analysis, buildings needed to have at least a 35% rate of elder occupancy to be considered as NORCs, leaving 8 buildings in total. Four of the buildings were built in the mid to late 60s, three were built in the early 70s, and one was constructed in the early 90s. Two had less than 100 units, one had between 100 and 300 units, and 5 had more than 300 units, with one building having 1,100 units. All buildings had a 90% or greater rate of occupancy, with a rate of elder occupancy ranging from 38% to 75%. The number of units in the building was as low as 34 and up to 1,100 units.

In six of the eight cases, the elder occupied units were predominately occupied by elder couples living by themselves, while in two of the cases, the majority of elder occupied apartments were occupied by a single elder resident. In all but one building, the majority of elders who are living alone are women.

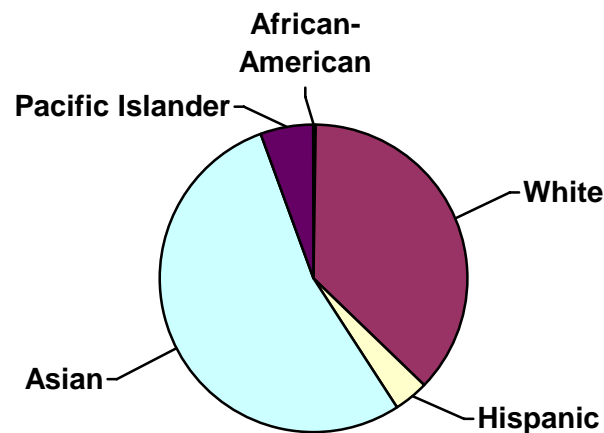
Elder Living Status in Condominiums



In four of the buildings, Asian elders made up the majority of elder residents, ranging from 60 to 80 percent of the total number of elder occupants in those buildings. In three of the buildings, Caucasian elders made up the majority of elders, with 50 to 75 percent being Caucasian elders in those buildings. Lastly, the final building had a shared majority between Asians and Caucasians – each at 40 percent – and also contained African Americans, Hispanics, and Pacific Islanders.

African Americans made up the smallest percentage of elders across all buildings, only residing in two of the condominiums. Hispanics only resided in five of the buildings, and were the second smallest group across all buildings. Pacific Islanders lived in six of the eight buildings, while Caucasians and Asians lived in each building.

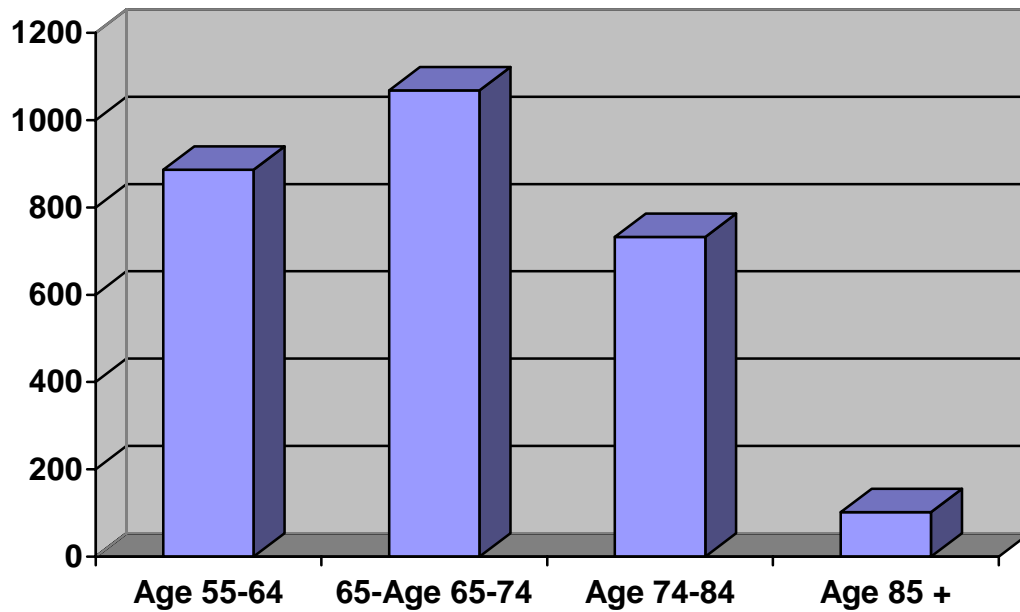
Elder Ethnicity Across Condominiums



Only 6 of the eight buildings reported language difficulties and communication problems with their seniors. Korean and Chinese were problematic in each of these six, with Japanese being problematic in five of the six. In addition to this, one building had problems with Vietnamese, and another experienced language barriers with Filipino.

The elder residents of these buildings have lived in them for the most part for quite some time, with the majority of each building typically having lived in their condominium for 11 years or more. Only a very small percentage of seniors in each condo had moved into the building within the past several years. It was also found that in the majority of the buildings, the number of residents moving out has not increased or decreased, but rather has remained constant over the past two years.

Number of Elders by Age Category Across Condominiums

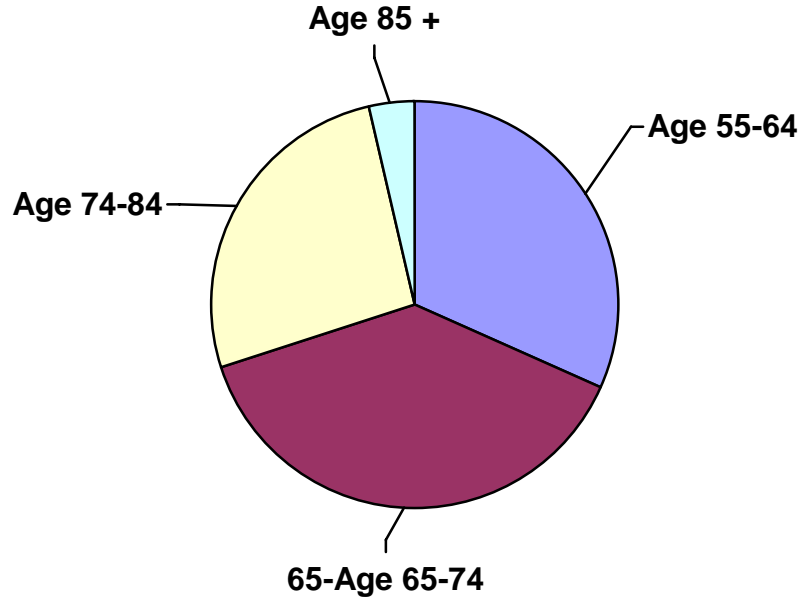


Age Category by Condominium

Condominium	Age 55-64	Age 65-74	Age 75-84	Age 84 +
Condo 1	150	120	170	40
Condo 2	3	18	9	3
Condo 3	33	10	4	2
Condo 4	30	30	20	10
Condo 5	30	394	221	15
Condo 6	400	150	>50	>20
Condo 7	90	181	58	7
Condo 8	150	165	250	25

** To maintain the confidentiality of the condominiums surveyed, their names are omitted from this report and replaced with a numeric identifier for the purpose of analyses.*

Percentage of Elders by Age Category Across Condominiums



Service Profiles

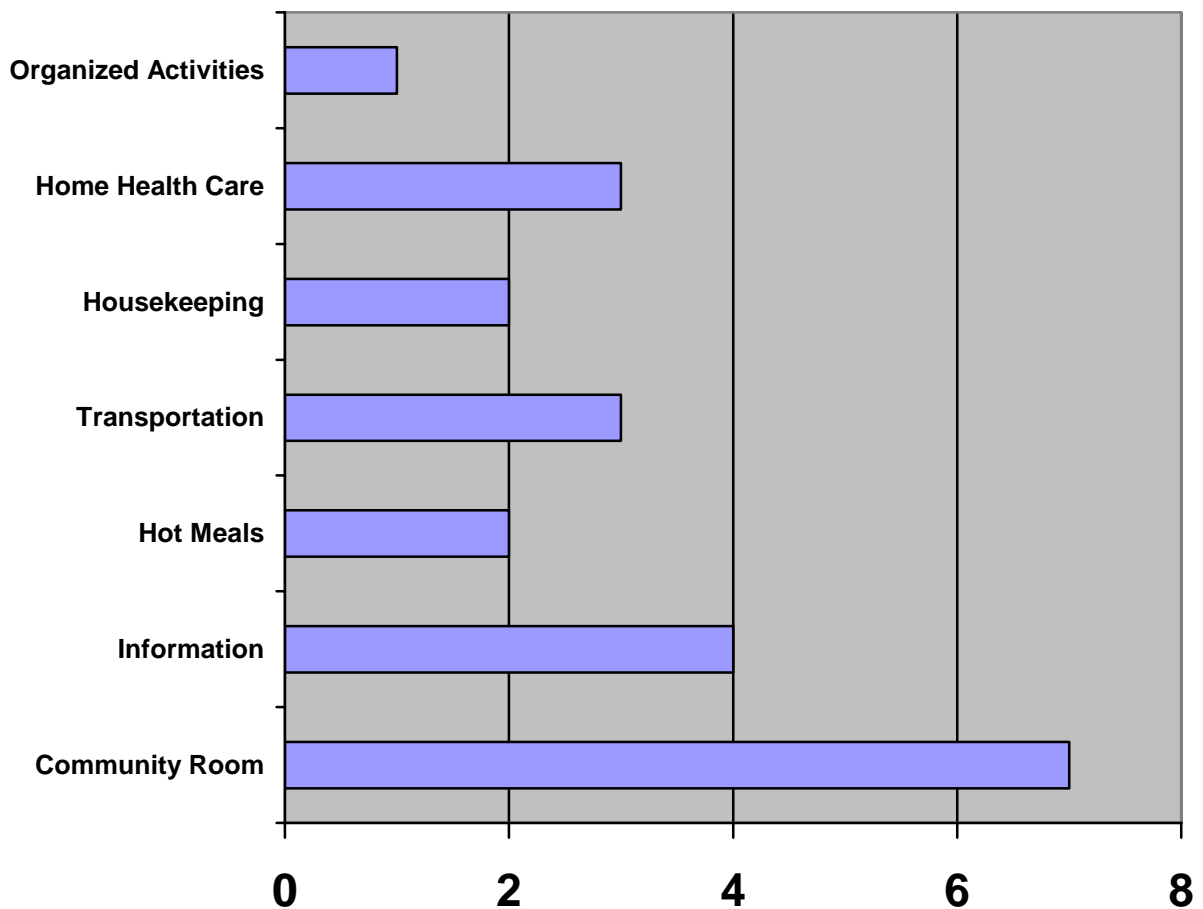
The condominiums were asked a variety of questions related to supportive services for seniors, ranging from counseling to help with medication and money management. For the most part, the buildings reported that a majority of the services asked about in the survey are not provided. Below is a chart illustrating the services and amenities by building that the condominiums reported as being available to their seniors.

	Condo 1	Condo 2	Condo 3	Condo 4	Condo 5	Condo 6	Condo 7	Condo 8
Community Room	X	X		X	X	X	X	X
Information	X	X			X		X	
Hot Meals	X							X
Transportation	X	X						X
House Keeping	X							X
Health Care			X		X			X
Activities	X							

Below is a listing of the number of condominiums that provided each form of service to its senior residents:

- All buildings except for one had a community room or other gathering room.
- Four of the buildings provided information regarding home or community services to their seniors.
- Two of the buildings provided assistance with hot meals for their seniors.
- Three provided assistance with arranging for transportation.
- Two buildings provided assistance with housekeeping.
- Three provided assistance with in-home health care.
- Only one building had organised activities for its seniors.
- One building also provided additional storage and help with luggage for its senior residents.

Graph of Amenities and Services



Services that were asked if provided but that no building offered include Needs Assessment, Self-Care Assistance, Personal Counselling, Alcohol and Substance Treatment, Health Screening, Help with Insurance Forms, Help with Medication Management, Beautician and Barber Services, and Help Managing Money.

Only two of the buildings reported to have in-house staff personnel that provided the services in question. These buildings were the only ones to provide hot meals and housekeeping.

Only one building has contracts with outside service providers to provide the services in question on a regular basis to its seniors, and this same building was also the only one with arrangements for on-call emergency services for its senior residents. Six of the eight buildings however provided seniors with a list of social service agencies to call in the event that they should be experiencing trouble taking care of themselves or their apartments.

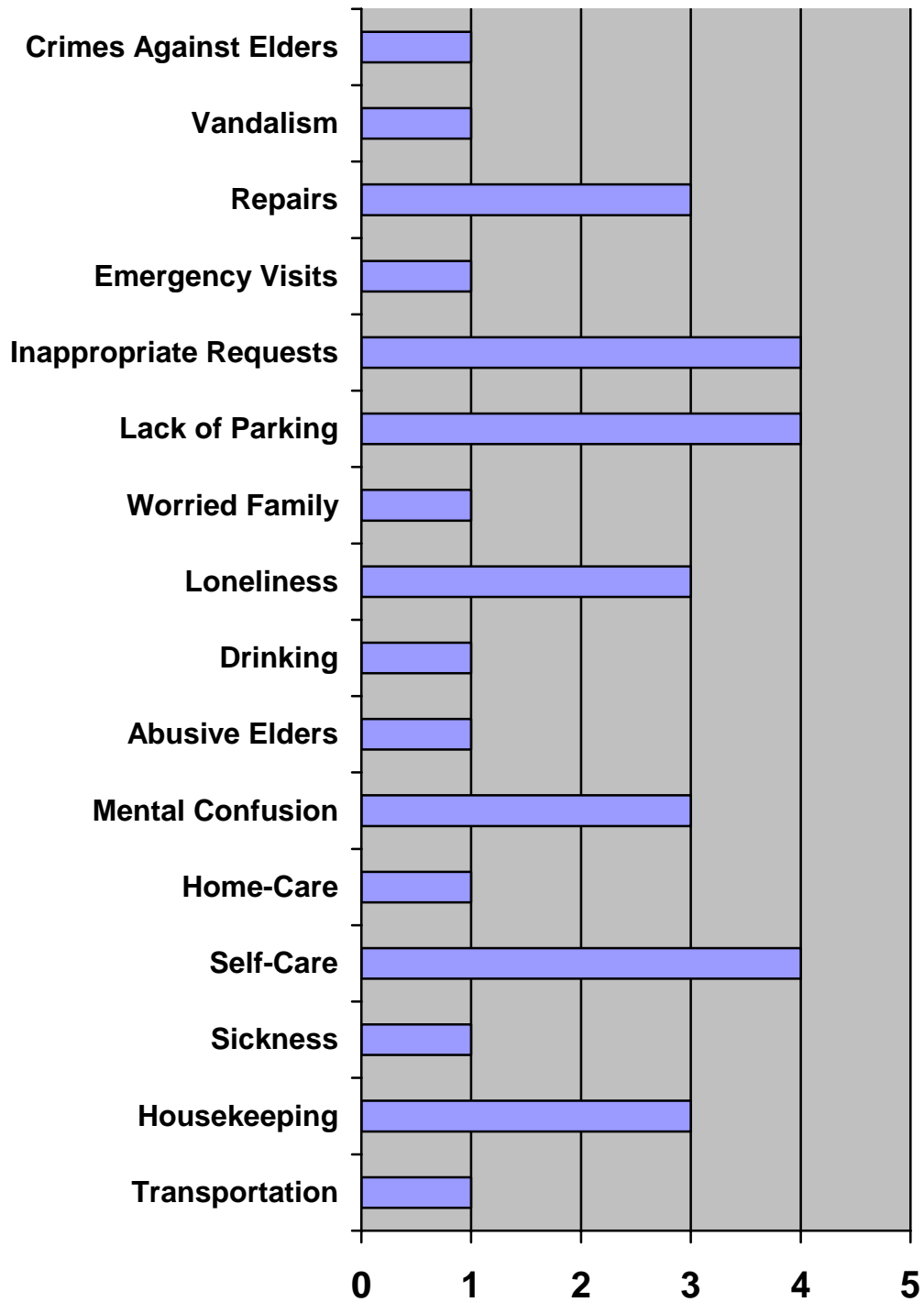
In three of the buildings, it was reported that seniors help their neighbours at least once a week or more, while in one of the buildings it was reported that they probably help their neighbours less than once a year. In the other buildings, it was unknown.

Problems and Obstacles

Survey respondents were also asked questions regarding areas that may prove problematic and involve the condominiums senior residents. Specifically, the problems were around difficulties of management, and included things such as dealing with mentally confused residents to having to make repairs to the building. Below is a listing of the areas that were reported as being problematic across all of the condominiums surveyed.

- One building reported problems arranging transportation for seniors.
- Three buildings reported problems with housekeeping.
- One building reported problems involving elder residents who become temporarily sick.
- Four buildings reported that some of their elder residents have self-care problems.
- One building reported problems arranging for home-care services.
- Three buildings reported problems with mentally confused residents.
- One building said it had problems with abusive older residents.
- One building reported problems with drinking.
- Three buildings reported problems of their elder residents feeling lonely.
- One building reported problems dealing with the worried families of its elder residents.
- Four buildings said that they had a lack of parking for social services providers.
- Four buildings said that they had inappropriate requests for assistance that were not under management rules.
- One building reported that visits by police/fire/paramedics were problematic.
- Three buildings reported that doing repairs to the building was problematic.
- One building had problems with vandalism.
- One building had problems with crimes against its elder residents.

Graph of Problems



Problems that condominiums were asked if they had, but that no buildings reported having, include Hot Meals, Income Shortages, Problems with Service Agencies, Problems between Elders and Non-Elders, and Fee Collection.

Below is a chart indicating the areas that were reported as being problematic for each building. Of note is that Condos 3 and 5 did not report any problems at all.

	Condo 1	Condo 2	Condo 3	Condo 4	Condo 5	Condo 6	Condo 7	Condo 8
Transportation	X							
Housekeeping	X					X	X	
Sickness						X		
Self-Care	X	X				X	X	
Home-Care	X							
Mental Confusion		X				X	X	
Abusive Elders								X
Drinking								X
Loneliness	X					X	X	
Worried Family						X		
No Parking For Providers	X			X			X	X
Inappropriate Requests		X				X	X	X
Repairs		X				X		X
Vandalism							X	
Emergency Visits						X		
Crimes vs. Elders							X	

In addition to this, survey respondents were also asked to identify areas that proved to be obstacles in dealing with their senior residents. Only two buildings did not report any obstacles. For the other six buildings, their responses are listed below.

- Getting groceries to the doors.
- People need help moving things in apartment and changing light bulbs.
- Need of chore services but elders are ashamed to ask for help and wait until the situation is really bad before asking for help.
- Lack of Resources.
- Prevented by Established Policies.
- Elder not willing to receive help.
- Constant refusal and denial.
- Language barriers.
- Elders left alone.
- Housekeeping.
- Privacy Issues.
- Elders don't realize they have a problem.
- Condo Bylaws limit help that can be provided.

SURVEY DISCUSSION AND CONCLUSIONS

In all except one of eight buildings, management reported the percentage of elderly having trouble taking care of themselves or of their apartments was very low. Overall, 3-4 % of the total elder resident population was unable to manage by themselves. Among the buildings, managers reported that three of the eight buildings provided assistance with in home services, although only one had contracts with social service providers. In the one building that reported a higher percentage had difficulties being responsible for themselves, (20-25%), the number of elderly with attendants was reported to be 10%, leaving another 10 to 15% without an attendant. Additionally, it was also reported that only a small percentage – between 1 and 2 percent – had attendants among all these buildings. In descending order of availability, information, housekeeping, in home health care, and hot meals were offered by some of the buildings.

In contrast to the information about the relatively low percentage of elder residents purported to have difficulty living by themselves, managers identified many obstacles that made it difficult for them to help those elder residents who had unmet needs. (See the x chart, above) One cluster is related to health and wellness. Examples of this category involve self-care, home care, mental confusion, loneliness, inappropriate types of requests. The other challenge involved physical design of the building and accessibility, such as not planning for parking for the physically disabled and for service providers.

While in several buildings the management felt a lack of services for people who had self-care problems was a serious issue, in many responses it was believed they were not in a position to help and therefore were unable to help. Cited by half of the buildings who responded was the reluctance of the older resident to be forthcoming about their problems, get the resident manager involved, or to accept help. In addition to refusal and denial, another common theme was the perception that Condominium Bylaws prohibit managers and staff from assistance.

A majority of the building managers responded that there hadn't been any turnover of elderly residents in the past two years, and across all buildings, the average time a person over 55 had been living in there was 11 years. This seems to support that these buildings are indeed NORCs and that seniors living in these buildings are not leaving because of a non-supportive housing environment.

Management feels unprepared to deal with issues of dementia, mental decline and if unfamiliar with its residents, may not even recognize a resident's behavior as unusual. When follow-up was conducted, they were not hesitant to state that they did not have the time, experience or felt it was their responsibility to attend to these resident's needs. Privacy needs were also cited as a management barrier. Consequently, these issues go unsolved. A factor in the ability to help additionally concerns how well the building management knows the residents of the building and how close neighbors could be enlisted to help one another. Three respondents to the survey indicated that in their

buildings, the neighbors help each other once a week or more. However, in a few buildings the help provided by neighbors was unknown. The survey results seem to confirm that more information is needed about individual buildings before attempting to establish aging in place projects and individual medical assessments should be conducted through respective associations of apartment owners.

COST ESTIMATE FOR INFORMATIONAL BROCHURES

For 2000 copies of a 24-page brochure it costs about \$1000 to illustrate cover and layout, \$2360 to print. It does not include photograph, photo illustration, prepress materials, postage, delivery or tax. The cost does not include inflation. Design is approximately \$2500 for a total of **\$5,860**. The task force noted that the County of Honolulu publishes a general guide to public and non-profit services. It was believed that the Task Force should simply start to review the needs of communities, prior to designing a brochure per Legislative request to inform about “elderly care services and resources.” No work was begun on the informational brochures in consideration of the time and insufficient funding to conduct the work of the Task Force.

V. ISSUES, RESOURCES, AND SOLUTIONS FOR VIABLE NORCs

The discussion presented in this section reflects the findings of the Task Force which met in July and September of 2005. The problems were approached from various perspectives in the condominium: From the elderly resident needing assistance, the management, and the providers of services themselves. Most of the issues and solutions were offered directly from the members, however, may have been paraphrased to format in the table below.

TABLES DEPICTING TASK FORCE DISCUSSIONS OF SENIORS MANAGEMENT AND PROVIDER CONCERNS

Issues Facing Senior Residents

Issues
Vulnerable to Exploitation
Non-ambulatory lack easy access to their units
Depression and Mental Illness; Isolation
Denial of need; Lack of trusted intermediary with management
How to Involve all in Aging in Place Committees
Lack of Capacity to Plan & Lack of Family Participation
How to Evaluate Service Providers including licensing
Payment for Services Provided – Resident willing and able?
Different Services for Owners vs. Renters
Lack of Younger People for Support
Solutions were not specifically identified for these issues. Each association or building must be willing to address them; therefore universal solutions could not be created for all.

Senior Solutions. While no solutions had been offered to all of the issues, the recommendations offered to help the elderly residents were as follows:

Concern was expressed that elderly residents living in isolation are particularly vulnerable to exploitation by their caregivers. Resident managers have been aware that service workers have obtained power of attorney or title to condos from elderly owners who have Alzheimer's or other forms of dementia. There was consensus that the public should be made aware of this exploitation and the Police and APS need to have power of oversight of the financial interactions between vulnerable elderly and their caregivers. It was suggested that financial institutions have some involvement.

There should be a senior citizen on each Board of a NORC, since sensitivity to senior concerns is very important and since there are people with other concerns living together in the same building. Acceptance by the resident of the need for services and balancing this against their right to privacy was also identified as a challenge in dealing with residents in condominiums and high rises.

Issues Facing Management (developers, property managers, aging committees)

Issues	Solutions
Willingness of Board Policies for Access	Develop access systems for NORC
Willingness to Learn by Board members	Plan community at large gatherings where presentation can be held concerning service programs and aging in place committees
Means for Client to Access Services	Directories (multi-lingual, easy access)
Communication with Elderly	Phone tree, friendly visiting program
Parking for Providers	Coordinate with management, other owners
Elders = Safety Hazard to non-Elders	Professionals Assessmt of Elders' Capacity
Lack of Elder in Condo Committees	Appoint elder for improved communication

Management solutions. To offer services in NORC buildings, policy changes must be discussed and take place in condominium communities. Condominium governance takes place at the Board level, and for a change to take place it must occur from the top down. They need education about service programs. Such information might come from speakers versed with gerontology, information posted on the Real Estate Commission website, member organizations, provider organizations, and the mass media.

How one finds appropriate elder services and to know which private services are reliable-present options (for Honolulu) are to look at the senior resource handbook, the internet or the yellow pages. One solution might be to prepare neighborhood by neighborhood directories of services in several languages.

How to reach isolated elderly. Phone trees, one on one visits or meet with them when they pick up mail, to communicate with them about NORC programs, or even the training of an on site communications team.

Elderly in the building who unwittingly create a hazard for the disabled or the young- one example given was causing fire by leaving appliances on such as burners on stoves.

Questions and concerns on how to go about requiring an assessment of an individual the board agrees is unable to take care of themselves or their unit, in spite of the passage of a law allowing the board permission to do this. This aging-in-place law has a great impact on how seniors be enabled to have an individual assessment but doesn't provide a road map for the future relationship between the board, management and the senior resident and who will take the next steps to ensure the senior's safety and ability to remain as long as he or she wants to live there.

One of the overarching concerns was that in condominium living, few people know each other and frequently lacks a sense of community. The Board is the final arbiter of whether outside help is given, especially in a case where employees of the condo are not prepared to provide social services. In a condominium assistance with activities of daily living could be offered as part of a menu of services, such as building maintenance of common areas and refuse collection. Social services could be introduced as part of health

maintenance “cafeteria plan.” However, who is going to pay, is a real issue since Medicare and Medicaid do not pay. Who is going to assume the cost must be sorted out before a strategy to bring NORC services into private buildings can be established.

Issues Facing Service Providers

Issues	Solutions
Acceptability of Services by Recipient	Education of Recipient, Ownership of the process, Avoid labels
Decision-Making	Defer to Service Provider, Condo Management, Other owners, Family
Distrust	Word of mouth from peers, Peer counseling support groups (not just elderly)
Social Services Network	Area Agencies, Churches/faith groups, and encourage a package so elders can work with fewer agencies
Payment for Services and Authorization for Services	Must demonstrate cost/benefit as Medicare/Medicaid does not pay. Need for a director of social services. Long term care insurance (for case management,etc.)
Exploitation/Ethics	Marketplace, Education and Conferences
Elder Ability to Communicate	Create trusting environment, Have help with Language Barriers

Social Service Provider Solutions. Establish regular on-site service so clients can go to a familiar face when needed.

RECOMMENDATIONS AND CONCLUSIONS

1. Previous 2004 law enacted enabling aging in place should be the topic of further discussion on implementation, and recommendations for further legislation, as needed. One of the major concerns of Condominium management is how to go about the process of an individual assessment and balance against individuals greatly reluctant to accept what may be considered a significant intrusion into their lives under this new law. Compliance with applicable laws is also a consideration for development of private service delivery systems.
2. Complete a detailed cost survey/analysis of the service delivery systems which presently support individuals in the condominiums previously surveyed for SCR 79, to determine to what extent if any, NORC social service delivery systems would create duplication with existing home and community based programs, and what are the estimated costs per individual to deliver such services to condominiums.
3. Complete identifying the number of NORC locations. This would be a two step process. Attain census data to more accurately identify the NORC pockets in Honolulu. A second phase is to complete the management survey of vertical NORCS to perhaps 20% of the condominium population in a given region of Oahu; thereafter, per task force recommendations, consideration may be given to survey high density NORC areas that are not necessarily high-rise buildings.
4. The management reported, in those buildings surveyed that were considered NORCs, only three to four percent has difficulty managing by themselves, very low in number. This is a reflection of the buildings surveyed and the current need for services as expressed by the management who have a narrow perception of the problems their elder residents face. The survey results should not be used as an indication that few senior condominium residents currently experience problems with self-care, or be used to project the amount of seniors that will have self-care problems in the future. Since the managers' responses were not based on a professional assessment, it is possible that the personal indicators that are signs of self-care difficulty are unknown to the managers.
5. Future research should be conducted by professional survey teams as opposed to a mail out survey which was conducted for this report. The validity of the survey responses may turn on how it is administered and how questions are phrased. If, on the other hand, government agencies are to continue to direct the surveys, as in this Report, the content of any such surveys should be focused on collecting information that has direct applicability to government housing, social service program and future service planning needs, which requires a larger sample than the private buildings surveyed here.
6. Private partners should be identified and their level of interest since the review of other states' experiences shows that success of NORC programs are dependent upon start up and continued partnerships with the private sector.

APPENDIX A

THE SENATE

TWENTY-THIRD LEGISLATURE,
2005

STATE OF HAWAII

S.C.R. NO. 79
S.D. 1

H.D. 1

SENATE CONCURRENT RESOLUTION

REQUESTING THE convening OF a task force to
facilitate the establishment of viable naturally
occurring retirement communities.

WHEREAS, increasingly, legislators, policy decision makers, providers, caregivers, and the elderly are becoming aware of the growing needs for elder services as the number of seniors increase rapidly with each new year; and

WHEREAS, presently, the State's senior population over the age of 85 is increasing at a rate two to three times more rapidly than the rest of the nation; and

WHEREAS, as a percentage of the total population of Honolulu, during the period 1990-2000, the number of people 85 and over grew 73 percent while the rate of growth of the entire population was only 4.7 percent; and

WHEREAS, from 2000 to 2010, the 85-and-over segment of the population is expected to grow at a rate of 76 percent while the rest of the population is expected to grow at 11.9 percent; and

WHEREAS, assuming that 17.2 percent of the population is over the age of 60, according to estimates from the City

and County of Honolulu Elderly Affairs Division, it can be estimated that, on Oahu, the condominium population of persons over the age of 60 is 41,108; and

WHEREAS, of this number, approximately 2.3 percent or 5,497 are over the age of 85 and are often in need of critical care and services; and

WHEREAS, within the Honolulu area, over 30 percent of the housing units were built before the 1970s and, therefore, many of the original owner-occupants are retired and in their 70s and 80s; and

WHEREAS, at a time when government resources are stretched thin, there is a continuous need to identify new and creative ways of financing long-term care; and

WHEREAS, the State Executive Office on Aging (EOA) has instituted a method of providing relatively cost-effective and affordable home- and community-based services on a sliding fee scale to those between 100 and 300 percent of the federal poverty level; and

WHEREAS, EOA offers through its KupunaCare program, home- and community-based services to reach frail older adults not served by any other state long-term care program and who cannot afford the full cost of long-term care services; and

WHEREAS, KupunaCare contracts with service providers for nine types of home- and community-based services such as assisted transportation, short-term case management, adult day care, attendant care, chore services, home delivered meals, homemaker or housekeeper, KC transportation, and personal care; and

WHEREAS, in addition, an area of growing interest is the need for more supportive services for naturally occurring retirement communities; and

WHEREAS, a naturally occurring retirement community refers to an apartment building, housing complex, or geographic community not originally built for seniors but where many individuals have aged in place; and

WHEREAS, naturally occurring retirement communities are thus forming without planned infrastructure or services; and

WHEREAS, increasingly, efforts are being made to address the need for supportive services for those individuals living in naturally occurring retirement communities; and

WHEREAS, while there are no regular funding streams from government to finance supportive services in naturally occurring retirement communities, there is an urgent need to start the planning and development work in this area; and

WHEREAS, planning should include not only an assessment of the pervasiveness and characteristics of the need for naturally occurring retirement communities, but also training to sensitize all owner-occupants and community residents about aging issues so that community associations can be engaged to participate in the problem solving process; and

WHEREAS, over the past three to four years, one condominium has become an assisted living facility; and

WHEREAS, this has resulted in a significant number of legal challenges, legislation, hearings, and a Department of Health study, the results of which were reported to the 2004 Regular Session of the Legislature; and

WHEREAS, other condominiums have been considering less drastic alternatives but, nevertheless, these are indicators of the growing needs of a frail senior population; and

WHEREAS, in response to this growing concern, a public-private conference was convened in October 2003, to begin the process of listening to owner-occupants and identifying additional approaches and initiatives that need to be considered to meet this "silent" problem that exists within "gated communities"; and

WHEREAS, while historically, condominium associations have principally focused on issues like noise, neighborly disturbances, and facility maintenance issues, there has been little, if any, consideration of senior service needs; and

WHEREAS, there is a significant need to assist these communities to become better acquainted with aging trends, issues, and services than they are presently aware of; and

WHEREAS, likewise, there is a need to identify necessary elder care services, eliminate barriers, and create new internal resources to facilitate the provision of supportive care to enable aging-in-place; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-third Legislature of the State of Hawaii, Regular Session of 2005, the House of Representatives concurring, that EOA, in collaboration with the Real Estate Commission, is requested to convene a task force to develop a program and reference guide to assist in the dissemination of information regarding the issues, needs, and concerns related to aging-in-place, particularly in condominiums, housing cooperatives, and other high density living environments; and

BE IT FURTHER RESOLVED that the task force is requested to identify issues and problems that inhibit the establishment of naturally occurring retirement communities and provide potential solutions on how condominium and housing associations and other real property organizations may be able to expedite and pursue the most cost-effective avenue in order to resolve these issues and problems; and

BE IT FURTHER RESOLVED that the task force is requested to:

- (1) Facilitate the establishment of viable naturally occurring retirement communities;
- (2) Publish information regarding elderly care services and resources, including a guide to educational materials about aging issues;
- (3) Submit a report to the Legislature detailing proposed costs for publication and distribution of an educational guide relating to aging issues; and
- (4) Survey the general conditions and the number of elderly living in

condominiums and apartments, the types of problems the elderly are encountering, and how the elderly groups can positively contribute their skills and time to the community;

and

BE IT FURTHER RESOLVED that, in addition to representatives of EOA and the Real Estate Commission, the Legislature requests that the task force membership include representatives from:

(1) The Elderly Affairs Division of the City and County of Honolulu;

(2) The Assisted Living Options Hawaii;

(3) Catholic Charities Elderly Services;

(4) The Hawaii Council of Associations of Resident Managers;

(5) The Community Association Institute - Hawaii Chapter;

(6) The Hawaii Council of Association of Apartment Owners;

(7) The Hawaii Long Term Care Association;

(8) The Healthcare Association of Hawaii;

(9) The Hawaii Independent Condominium and Cooperative Owners;

(10) The Association of American Retired Persons; and

(11) The Hawaii Association of Realtors;and

BE IT FURTHER RESOLVED that the task force is requested to submit a report on its findings and recommendations,

including any proposed legislation, to the Legislature at least 20 days prior to the convening of the 2006 Regular Session; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Executive Director of the Executive Office on Aging and Chair of the Real Estate Commission who, in turn, are requested to transmit copies to the Elderly Affairs Division of the City and County of Honolulu, Assisted Living Options Hawaii, Catholic Charities Elderly Services, Hawaii Council of Associations of Resident Managers, Community Association Institute - Hawaii Chapter, Association of American Retired Persons, Hawaii Independent Condominiums and Cooperative Owners, Hawaii Long Term Care Association, Hawaii Council of Association of Apartment Owners, Healthcare Association of Hawaii, and Hawaii Association of Realtors.

Report Title:

Naturally Occurring Retirement Communities

APPENDIX B

METHODS AND TIMELINE

- ◇ April 2005:
Survey funding analysis and printing costs requested and approved from the Condominium Management Education Fund.
- ◇ May 2005:
Project consultant and Project facilitator hired
- ◇ June 2005:
Review documents on NORC programs and initiatives. Contact REC for additional information on aging in place initiatives, nationally. Hold preliminary meeting with public agency staff. Began selection process for survey instrument.
- ◇ July 2005
Solicit Task force list of condominiums to be surveyed.
- ◇ July 23, 2005
Task Force discussion of issues and barriers to NORC facilitation
Discussion of pro and con of present visiting nurse survey instrument
Briefing defining Naturally Occurring Retirement Communities
Identified marketing survey and additional buildings to be used as subjects.
- ◇ After July 23, 2005
Task Force informed about plan to survey building management. It was decided that people in a position to be able to respond to the survey should receive it. It was considered that a government survey may be considered too intrusive, or that the purpose not be clearly understood to some residents who may be incapable of responding to it. Survey restricted to the buildings contributing to the CMEF.
- ◇ Contact list received from Real Estate Commission
- ◇ August 11, 2005
Surveys mailed to managers.
- ◇ September 19, 2005
Begin follow up with participants by phone and in person.
- ◇ September 22, 2005
Solutions devised to address the issues and barriers raised in the first meeting. Report given on progress of the survey, following the one month deadline. Discussion of how report would be completed due to unfinished business.
- ◇ October 4, 2005
Surveys completed.
- ◇ October 24, 2005- November 2005
Task force review of draft report.

APPENDIX C

August 11, 2005

RE: Management Survey of the Executive Office on Aging

The Hawaii State Department of Health, Executive Office on Aging is conducting a survey on elderly residents of Honolulu condominiums. We would like to ask for your assistance or from your resident manager to identify the major issues affecting the elderly who want to continue to live independently. Our purpose in doing this survey is to meet the requirements of Senate Concurrent Resolution 79 which deals with the possibility of establishing Naturally Occurring Retirement Communities in Hawaii.

The information from each building will be kept confidential. It will only be used for research, statistical, and program improvement purposes. We will combine responses from all the participating on site or managing agents into one document. By allowing us to draw from your expertise we will be able to inform the legislature of the issues that impact both the elderly and the condominium management community.

Our researcher, Mike Markrich, PhD., will be contacting you soon, as we would like to obtain responses by no later than August 31, 2005. In the meantime, should you have any questions, please leave a message for him at 586-0100.
Thank you very much for your assistance.

Sincerely,

Pat Sasaki
Executive Director

MM/CCH:pm

Enclosure

Naturally Occurring Retirement Communities Task Force

State of Hawaii, Department of Health
Executive Office on Aging
250 S. Hotel St. Suite 406
Honolulu, HI 96813-2831

For all the following questions, please fill in the blank, circle the number or Yes or No answer that indicates your response. Please use your best estimate if you are unable to provide precise numbers of persons. "ELDERLY" in this survey, means age 60 or older. Thank you for taking the time to complete the survey.

Questions 1- 9 ask for some background information about your facility.

1. Name of your condominium: _____
2. What was the original year of first occupancy for this facility? _____
3. What is the total number of apartment units in the facility? Number _____
4. How many of your units are presently occupied? Number _____
5. How many of your units are occupied by at least one elderly person? Number _____
6. Of your elderly-occupied apartments, how many are?
 - (a) Elderly couples by themselves Number _____
 - (b) Elderly persons living alone Number _____
7. In the apartments with elderly living alone, how many are women? Number _____
8. About how many persons in each of the following age groups does your condominium have?
 - (a) Age 55 to 64 Number _____
 - (b) Age 65 to 74 Number _____
 - (c) Age 75 to 84 Number _____
 - (d) 85 and above Number _____
9. What percentage of residents is over age 60? % _____

Questions 10 – 15 ask for information about the residents of your facility.

10. What percentage of your elderly residents are in the following categories?

- (a) Black % _____
- (b) White % _____
- (c) Hispanic or Latino % _____
- (d) Asian % _____
- (e) Hawaiian or Pacific Islander % _____

11. (a) How many of your elderly residents have difficulty speaking or understanding English? _____

(b) What languages do they speak? (Please list)

12. How many of your current elderly residents, 55 years and above, have lived in their apartments for the following number of years?

- (a) Less than one year _____
- (b) 1 to 2 years _____
- (c) 3 to 5 years _____
- (d) 6 to 10 years _____
- (e) 11 to 20 years _____
- (f) Over 20 years _____

13. How many of your elderly residents are now having trouble remaining responsible for themselves or taking care of their apartments? _____

14. Compared to two years ago, would you say that a higher or lower number of your elderly residents are now moving elsewhere? Are the numbers higher, lower or staying the same?

- (a) Higher. 1
- (b) Lower 2
- (c) Staying the same. 3
- (d) Do not know 4

15. How many elderly residents have attendants or social service providers come to visit their apartment?

. Number _____

Questions 16- 20 ask about services and amenities offered by your facility.

16. Does your facility have a community room where people can gather? YES NO
1 2

17. Does your in-house staff help their elderly residents to obtain the following supportive services?

	<u>YES</u>	<u>NO</u>
(a) General information about home or community services .	1	2
(b) Hot meals	1	2
(c) Specially arranged transportation	1	2
(d) Help with apartment housekeeping	1	2
(e) Assess needs for self-care (bathing, dressing, using toilet) .	1	2
(f) Help with self-care (bathing, dressing, using toilet) . .	1	2
(g) Home health care	1	2
(h) Personal counseling	1	2
(i) Alcohol/substance abuse treatment	1	2
(j) Health screenings	1	2
(k) Help completing medical/insurance forms	1	2
(l) Medication management	1	2
(m) Organized social/recreational activities	1	2
(n) Barber/beautician services	1	2
(o) Money management help	1	2
(p) Other (Please specify): _____	1	2

18. (a) For at least some of the services listed in Question 17 above, do you have in house staff to provide these services? YES NO
1 2

(b) Does your facility have any contract (s) with service providers to help provide these services regularly? YES NO
1 2

19. Has the facility made any arrangements with a health care professional (e.g., nurse, physician) to provide “on-call emergency” services for residents?

											<u>YES</u>	<u>NO</u>
.	.	.	.	.	.	.	.	.	.	.	1	2

20. Are elderly residents provided with a written list of social agencies/services to call in the event that they are having trouble caring for themselves or keeping their apartments in good shape?

											<u>YES</u>	<u>NO</u>
.	.	.	.	.	.	.	.	.	.	.	1	2

Questions 21- 23 ask about the concerns and needs of your residents and your opinions about the facility.

21. Which of the following situations involving your elderly residents creates a serious management problem?

									<u>YES</u>	<u>NO</u>
(a) Getting a daily hot meal for your residents	.	.	.	.	.	.	.	.	1	2
(b) Getting transportation for your residents	.	.	.	.	.	.	.	.	1	2
(c) Poor apartment housekeeping	.	.	.	.	.	.	.	.	1	2
(d) Residents who are temporarily sick	.	.	.	.	.	.	.	.	1	2
(e) Residents who have self-care problems	.	.	.	.	.	.	.	.	1	2
(f) Residents running out of income	.	.	.	.	.	.	.	.	1	2
(g) Arranging for home care	.	.	.	.	.	.	.	.	1	2
(h) Mentally confused residents	.	.	.	.	.	.	.	.	1	2
(i) Abusive older residents	.	.	.	.	.	.	.	.	1	2
(j) Residents with drinking problems	.	.	.	.	.	.	.	.	1	2
(k) Residents who feel very alone	.	.	.	.	.	.	.	.	1	2
(l) Dealing with worried family of elderly	.	.	.	.	.	.	.	.	1	2
(m) Dealing with social service agencies	.	.	.	.	.	.	.	.	1	2
(n) Lack of parking for social service providers	.	.	.	.	.	.	.	.	1	2
(o) Inappropriate requests for assistance not under management rules									1	2
(p) Visits by police, fire, paramedics	.	.	.	.	.	.	.	.	1	2
(q) Doing repairs in the building	.	.	.	.	.	.	.	.	1	2
(r) Vandalism	.	.	.	.	.	.	.	.	1	2
(s) Crime against elderly	.	.	.	.	.	.	.	.	1	2

- | | | | | | |
|---|---|---|---|---|---|
| (t) Disputes between elderly and non elderly | . | . | . | 1 | 2 |
| (u) Association/owners fees collection problems | . | . | . | 1 | 2 |

22. Identify those obstacles that make it difficult for you to help elderly residents who are having some difficulty taking care of themselves or their units.

(1) _____

(2) _____

(3) _____

Question 23 asks about the relationships between residents living in your facility.

23. Do your elderly residents help their neighbors with favors or chores?

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| (a) One time a week or more | . | . | . | . | . | . | . | 1 |
| (b) One time a month | . | . | . | . | . | . | . | 2 |
| (c) Frequency of four or less times a year | . | . | . | . | . | . | . | 3 |
| (d) Less than once a year | . | . | . | . | . | . | . | 4 |

Questions 24 – 26 ask for some information about you, the manager.

24. Name of person completing this survey:

Address _____

Telephone_____

25. Your position:_____

26. How many years have you worked at this condominium?

Mahalo for your assistance.

APPENDIX D

LINDA LINGLE
GOVERNOR OF HAWAII
CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH



STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

PAT SASAKI
EXECUTIVE DIRECTOR
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(808) 586-0100
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(808) 586-0185

Naturally Occurring Retirement Communities Task Force (NORC)
250 S. Hotel Street- Conference Room 436
First Meeting- July 26, 2005 - 1:30 p.m.

Present: Ms. Barbara Kim Stanton, Ms. Betty Lou Larson, Ms. Cynthia Yee, Mr. Emmett White, Ms. Florence Lau, Ms. Michele Sunahara Loudermilk, Mr. Myong Oh, Ms. Pat Sasaki, Ms. Pat Tompkins, Mr. Ralph Ahles, Mr. Richard Port, Mr. Robert Ogawa, Ms. Ruth Dias Willenborg, Mr. Steve Glanstein, Ms. Coral Andrews, Ms. Y. Jane Sugimura

Task Force Support: Ms. Camille Chun-Hoon-NORC Project Coordinator, Mr. Michael Markrich NORC Consultant/Reporter, Mr. Dennis Higashiguchi, NORC Task Force Facilitator

The Executive Director of EOA, Ms. Pat Sasaki, welcomed Task Force participants to the afternoon session and said that SCR 79 provides the EOA a valuable opportunity to explore this new approach to providing services to the elderly. She described how aging-in-place is an important concept because most people want to continue to live in their homes as they grow older. She said in order to help people age-in-place the government is trying many new approaches to senior housing.

As an example, Ms. Sasaki described the experimental program on Maui of home-sharing at Hale Makua in which seniors with extra rooms in their homes on the island are encouraged to share their houses with younger people who need housing. The purpose of this program is to provide companionship for the elderly in exchange for reduced rent. Ideally this program would help young people find affordable housing while providing seniors with companionship in their

homes. The big problem in developing this program is that of liability. The younger people must be thoroughly screened so that they do not harm or take advantage of seniors.

Ms. Sasaki said that it is the function of the EOA to consider the plight of the most vulnerable seniors in Hawaii society and come up with solutions for their care. Among these she mentioned are: seniors without a family support system; seniors who are unable to function by themselves; seniors who act as caregivers for their partners; and seniors who have become full time surrogate parents for their grandchildren.

Ms. Sasaki mentioned the Older Americans Act and its impact on Hawaii programs. She said that part of the purpose of the EOA is to encourage independent seniors such as Florence Lau, to come forward and help the agency identify the most pressing issues affecting local seniors and help facilitate mutual support groups among seniors so that the elderly can network and assist each other.

Ms. Sasaki then introduced EOA NORC Task Force Coordinator, Camille Chun-Hoon who then gave a power point demonstration on the purpose of SCR No. 79. Ms. Chun-Hoon said that Hawaii's older population is growing twice as fast as nationally. She made the following points: in Honolulu the numbers of older persons in condos is just below 20%. It is predicted that by the year 2030 nearly 40% of the residents of Hawaii condos will be over the age of 60.

SCR No. 79 was drafted by the State Legislature in response to individuals' preferences to continue living at home and reflect a national trend moving away from institutionalized care. The purpose of SCR No. 79 is to create a task force to identify possible NORC's in Hawaii; identify issues and barriers in creating them and examine how solutions for continued independent living for elders, as they age, can best be pursued for condominiums, housing associations and real property organizations.

Ms. Chun-Hoon gave a background on the development of the NORC concept. Areas that are designated as NORC are places where high densities of seniors have come to live over time. They are not purposely built for seniors but occurred naturally as seniors moved into the apartments as young people and stayed until they grew old. NORCs are either vertical (tall buildings) or horizontal (suburban homes and low rise buildings) in a limited geographical area. Both refer to areas in which approximately 40-50% of the occupants are over the age of 60. SCR No. 79 deals only with vertical NORCs.

NORC designations are linked to social service programs (SSP). There is a difference between a NORC and a NORC-SSP. NORCs are geographic designations of seniors over 60 based on the most current census data. A NORC SSP consists of programs that enable social service agencies to work with people over 60 within participating New York City buildings that are designated as NORCs.

NORC –SSP programs are different than traditional approaches to social service providers. Traditional social service providers match the needs of the individual to the service. Rather than being pro-active in nature, they respond to the needs of the elderly as they become known. In NORC SSPs, the managers of the programs try through surveys and other methods to determine what the biggest problems impacting residents within the condominium are. They then analyze the data and use the information in an ongoing and dynamic effort to anticipate and solve the problems of the residents.

In condominiums that have large numbers of seniors the building resident manager is sometimes forced to assume the responsibility of being a caregiver for elderly tenants without adequate training or support. In a NORC-SSP, the resident manager is mostly concerned with management and infrastructure problems. The problems of the elderly tenants are handled by a professional manager hired specifically to help them.

Ms. Chun-Hoon said that NORC-SSPs frequently have a governing body and advisory board made up of government funders, non governmental social service providers and health care providers. The NORC-SSP board sets policy and oversees and evaluates the needs of the elderly residents within its buildings. Today there are 40 NORC demonstration projects throughout the United States.

The NORC-Task Force responsibilities include: to survey elderly needs and numbers, to identify potential NORC sites in Hawaii, and to discuss issues, concerns and barriers. Under SCR No.79, the Task Force's homework is to review the information sent by the EOA; think about solutions to the problems and prepare solutions for the next meeting.

Ms. Chun-Hoon concluded by saying that NORCs represented one of the latest trends in the care of the elderly. NORCs reduce the need for expensive institutional housing. NORCs foster a sense of community and connectedness among seniors. NORCs create more comfortable surroundings for those who are frail or disabled. The challenge of the SCR No. 79 Task Force is to stay ahead of the anticipated "Age Wave" before it engulfs Hawaii.

Natural Resource Economist Mike Markrich then spoke to the group about the planned survey to be done for seniors in local NORC buildings. SCR No. 79 requests data on the needs of Hawaii seniors. In an effort to find the national standard on how seniors' needs are being evaluated nationwide he contacted 'The AdvantAge Initiative,' a program run by the Center for Home Care Policy and Research of the Visiting Nurse Service of New York. The program uses a standard set of questions to ask seniors in 10 communities throughout the mainland United States what their concerns are. These questions are concerned with "connectedness" the interest that seniors living independently have in the world around them.

The sense of connectedness is very important for a prospective NORC study because NORC-SSPs only work if seniors are interested in interacting with one another. The questions were to be asked in condominiums suggested by the group. They could be compared to the percentages of people in other states as a means of benchmarking the needs of Hawaii seniors relative to those of other states.

He mentioned some of the sample questions that are used on the national survey such as:

Are you in good or poor health?

Do you spend more than 30% of your income on housing?

Do you think your county or state representatives care about you as an elderly person?

If you had a crisis in your life is there somebody you could go to in order to borrow money?

If there was someone in your life – a neighbor or a friend who was ill and needed help, would you lend them money?

These questions caused immediate discussion among the group. Task Force member Mr. Richard Port responded by saying, "I think the question is not whether people would loan money to people in the building it is instead do they even know the people next door?"

A number of people on the Task Force reinforced Mr. Port's point and mentioned that in condo living few people know each other. The condos are set up with anonymity in mind and there is often no sense of community. Ms. Betty Lou Larsen of Catholic Charities said she would be more comfortable if the group was able to review the questions so that they were applicable to the Hawaii situation. There was concern by others in the group that these questions would elicit answers that would not satisfy the needs of SCR No. 79. The feeling among members of the

group was that the situation in Hawaii is unique and that it might be better for the Task Force to develop new questions more suitable to the special conditions in Hawaii.

The survey in Hawaii is sponsored by the EOA. Two further questions were then raised. Would enough people come? Some said that if a free meal was offered seniors would be there and the question was then asked: "If they do come would they be able to fill out the questionnaire?" The response to these questions by Mr. Markrich was that steps would be taken to do the best job possible in the short time period available and that assistance would be provided for those who needed help filling out the questionnaires. In any case the survey would be a "snap shot" of the current situation that would provide an overview of the feelings of local elderly people living in buildings with NORC characteristics. He said that for this reason the group is seeking buildings in Honolulu in which 40 –50 percent of the people are over the age of 60 in which to hold the surveys.

One of the comments made by the group regarding the survey was that the survey should be representative of different groups in society i.e. rich, poor, middle income and be ethnically diverse. There was a criticism that all of the prospective buildings mentioned in the power point presentation were in Waikiki and were therefore not broadly representative of local conditions. One of the other comments made was that the survey may not be representative because those who feel they are not connected or are depressed will not participate. As a result the answers will be skewed toward those who are relatively well adjusted.

It was also said that it is as important to do a survey of resident managers to see what their feelings are about seniors and senior conditions in their buildings. Survey of both sides of the environment is important. A management survey will give indication of the need as well as how the seniors feel. Ms. Pat Tompkins observed that the information the resolution asks us to get will help us to get to the next step. We do not yet have information about what the needs are but the resolution asks us to address it. The savings that could be realized in terms of Medicaid or drain on taxpayers by addressing the issue is something that policymakers understand. The question was raised, "could we create a model as an example of the savings realized?"

Another comment was that condominium living is already assisted living, to some extent. Services like garbage and common area maintenance are types of assistance provided. Any survey of management inevitably includes people who day to day see the residents and interact, such as resident managers, janitors, security, air conditioner filter changers. The member making

this comment suggested for this survey, he could contact his Board and get in 3 to 4 days the names of individuals in the buildings he manages who needs assistance with daily living.

The report is due October 14 and the survey must be done in a timely fashion so it must be understood that once a decision on appropriateness of the questions is made the survey must be done rapidly.

After this discussion the group took a ten minute break. Discussion resumed on the best sites to be chosen for the survey.

Several buildings were suggested as representative: They include Poinciana Manor in Kailua, the Marco Polo, 999 Wilder, Princess Leilani and 1350 Ala Moana in Honolulu. Mr. Markrich said that he would check these buildings out to see if they were suitable.

Mr. Dennis Higashiguchi then led a discussion on issues, concerns and barriers. The topics were divided among management issues, social service provider issues and resident issues.

Issues for managers included: safety for the elderly; how managers deal with often being asked for additional services from the elderly such as carrying groceries; problems with condo staff who are not trained or sensitive to elderly issues; and how to provide parking and access to social service providers. There were also comments on what happens after the initial assessment of the needs of the residents. The statement was made that there is a need for a new way to communicate with the elderly on a daily basis rather than only in an emergency situation.

Discussion took place here that had to do with how the boards dealt with social service providers. Since a NORC has its own board it is commonplace for there to be a distinction between a condo board that deals with infrastructure issues, and a NORC board that deals primarily with social service provider issues such as identification of need.

Discussion then shifted to social service providers. It was said that access to the buildings were very important and had to be coordinated with resident managers. There had to be access to garages and elevators. There also has to be an environment of trust. The question is, how you create that. The problem is that the elderly are vulnerable to exploitation. Many are lonely and depressed and don't even have access to a car. One participant talked of seeing a social worker being given the deed to the apartment by the vulnerable elderly resident she was helping. Some saw a need to find a way to evaluate the integrity of service providers so they don't prey on the elderly.

There is a need for a mechanism to facilitate social services so that the right persons get the right services and efforts are not duplicated. For this reason there must be a means to network social services after needs assessments are completed. The question becomes: who is going to pay, who authorizes, and what is the process of allocating scarce resources.

There is also the question of liability. The point was made that people and condo boards can be made liable for helping others if something should go wrong. This is a contentious issue that makes people sometimes reluctant to help their neighbors. “Aging in place” law, which takes effect next year, permits Board of Directors to request a functional assessment of the owner, age 62 or older, without liability inuring to the Board of Directors or its agents.

Lastly, came the question of who is going to pay for the needed services. Is it going to be Medicare or Medicaid? What happens if eligibility rules are changed for people who don’t have long term care? Participant Ms. Florence Lau said that she had a reverse mortgage and drew an annuity from property. She said that at first she was reluctant to do so because she felt obligated to leave children the property when she died. Since she took a reverse mortgage she says it is easier for her to have enough money to live and this frees them from anxiety.

There was also discussion about the needs of the elderly residents. Many of the residents are older and vulnerable. They need to have access to their units from their cars and they often need help. Many are depressed or mentally ill in their units and feel an increasing sense of isolation as they grow older. If they have a problem they often don’t know where or who to turn to. One of the important roles of the social service provider is as intermediary to a world that for many seniors becomes seen as dangerous and bewildering.

It was said that during this discussion that sensitivity to these issues is very important and for this reason it is important to have a senior citizen on the advisory board for NORCs. Other issues that affect participants are whether they are able to pay their bills and what can be done to help them organize themselves should they fall behind or become confused. There is also the issue of family participation. Many of the elderly are not in touch with their own children. They live by themselves. Some respond to their isolation with extreme depression and isolation.

The task force members also spoke about the difference in treatment between owners versus renters in condos. Owners are more comfortable than renters and less threatened with losing their housing. Another issue that was so important was that younger people being included

in NORC sensitivity education or outreach. If a building is too full of old and frail people there is no one to support them.

Mr. Higashiguchi compiled a chart of issues raised for each topic and advised everyone that these charts along with the minutes would be transcribed and sent out to the members to respond. The members were asked to prepare solutions to the issues being sent out in time for discussion at the next meeting. Costs of preparing an informational booklet on services for seniors will also be discussed at the next meeting, and it was announced the survey would be sent to all the task force participants to get their input.

The task force members decided the next meeting will be held on September 22, 2005 at 1:30 p.m. in the same room, No. 1 Capitol Building, Dept. of Business, Economic Development and Tourism, Suite 436. Pat Sasaki thanked everyone for coming.

ISSUES/BARRIERS CHARTS COMPILED ON 7-26-05

PREPARE SOLUTIONS TO BE IDENTIFIED FOR SEPT. 22, 2005 MEETING

RESIDENTS/ELDERLY

- Residents vs. Owners- who to serve
- Vulnerability - exploitation
- Younger residents
- Access from car to unit
- Isolation and resistance to services
- Depression and mental illness
- Denial of need
- Communication - if I need help who can I contact
- Knowledge of availability of social services - private and public
- Trusted intermediary between management and resident
- Accept and understand what they must do
- Involvement of all senior residents in aging in place committees
- Payment issues - willing, able, how
- Family participation
- Capacity to plan
- Evaluation of social service providers
- Minimum standards of operation
- Difference in service to owner v. renters

SOCIAL SERVICE

- Parking and access to secured building and elevators
- Acceptability of services by recipient
- Decision making - who do you listen to
- Environment of trust - how to create
- Board policies to facilitate social services (eg. Speakers invited in)
- How do you network services
- Who's going to pay - who authorizes - what's the process
- Exploitation/ethics

MANAGEMENT

- Safety for other than elderly
- Employees asked for additional services
- Training for staff
- Willingness to provide access to services - Board down
- Education of board
- What happens after initial assessment
- New way of communicating with elderly - daily emergency basis
- Parking for providers

Naturally Occurring Retirement Community (NORC) Task Force
250 S. Hotel St. Conference Room 436
Second Meeting- September 22, 2005 1:30 p.m.

Present: Betty Lou Larson, Catholic Charities Hi, Cynthia Yee, Hawaii Real Estate Commission, Emmet White, Hawaii Long Term Care Association, Florence Lau, Assisted Living Options, Hawaii, Helen Price, Hawaii Association of Realtors, Michele Sunahara Loudermilk, Hawaii Real Estate Commission, Myong Oh, Hawaii Association of Realtors, Pat Sasaki, Executive Office on Aging, Pat Tompkins, City and County Elderly Affairs Division, Ralph Ahles, ARM Real Property Managers, Richard Port, Hawaii Association of Independent Condo and Coop Owners, Robert Ogawa, Hawaii Long Term Care Association, Ruth Dias Willenborg, Assisted Living Options Hawaii, Steve Glanstein, Community Associations Institute, Y. Jane Sugimura, Hi Council of Association of Apartment Owners. Also in attendance were: Camille Chun-Hoon-NORC Project Coordinator, Michael Markrich NORC Consultant/Reporter, Dennis Higashiguchi, NORC Task Force Facilitator

The meeting was called to order by Dennis Higashiguchi. The purpose of this meeting was to develop solutions to the issues and barriers to the establishment of NORCs. Senate Concurrent Resolution 79 was the context in which the task force continued to discuss how it can assist residential associations to review the issues affecting the elderly as they age in condominiums, and other high density environments.

At the last meeting, issues were developed from the perspective of the management, the social service providers themselves, and the residents, including elders. At this meeting, the goal is clarify the issues and seek agreement as to their meaning. Then, the next step is to offer solutions to solve the problem directly or, to point out what other information is needed to resolve these problems. Task force members were assigned to work in groups to offer solutions.

Management Survey. Camille Chun-Hoon gave a progress report concerning the Management Survey. One of the challenges in receiving returns was that the private building managers did not readily have information to respond to the survey in the same manner as when this questionnaire was administered in government subsidized housing projects. Even though the questionnaire did not request information about individuals, there were still those who mentioned that these were perhaps questions in violation of owners' privacy concerns.

A concern was that the original data from the aggregated survey could somehow be published or in any respect be made identifiable about condominium projects participating in the survey. This data in its aggregate form will be released as part of the report and will only be used for research or program development purposes. The original records are subject to the Hawaii Uniform Information

Practices Act and its requirements. Pat Tompkins of the City and County stated that in the prior survey model there was a six month period to prime the buildings, prior to managers completing their survey. In Honolulu, house rules make it difficult to get into individual buildings. If resident manager names were provided, we might be able to gain access but probably not without it.

Senior Information Brochure. An estimate of \$5,860 was obtained based on the cost of producing 2000 copies of a 3 color-24 page brochure, one for every condominium statewide. A very comprehensive brochure of services for seniors already exists which is published with private funding. It is distributed widely and has a circulation of 20,000. This list is purely non-profit social service agencies, however. Task Force membership has recommended the Legislature be apprised of the categories for such a brochure. Categories include personal care, housekeeping, meals on wheels, aging in place committees. Lists of reputable private pay providers are helpful. The task force came to no conclusions regarding whether any publication of this sort should be widely distributed or the lists should include private organizations as well as publicly funded.

Task Force Report. Michael Markrich gave an update on the content and progress of preparing the Task Force report. He called people throughout the United States for information about potential applicability of NORC programs for Hawaii. He has made this information available for the Task Force to review.

Individual recommendations:

1. There are 343 developments with 62,500 persons where head of household is 60+. There are 50,000 individual housing units where HH is over 60. As a community we'd be hard pressed to decide that only apartments and condominiums shall be the beneficiaries of the recommendations of this committee. All of Honolulu is a "NORC".
2. Some suggestion as to how the Good Samaritan law could be better utilized. The legislature can permit agencies, such as APS and Police to have some access to individual buildings and their owners to respond to older residents in crisis.
3. How can Condo Act, sec. 142 be used to assist Honolulu NORCs
4. Convincing the management of Boards that this is a good thing so the bringing in such a program and is not mismanaged.
5. Need receptive management in buildings that are trying to internally get started.
6. Realize that one of the major obstacles is money.
7. The survey and the final report needs analysis of both the pros and cons.
8. Conduct a cost benefit analysis per person in Hawaii before further action.
9. We already have assisted living in condos in some sense. This can be a menu of separate discrete services. From another viewpoint, why would

government need to be the payer of these services? Many people can afford and are willing to pay for this.

Director of Executive Office on Aging supports the effort to identify concentrations of seniors in our State and ways to support the aging of our population. However, EOA's financial resources and staff resources are extremely limited. She would like the Task Force to address options to have the communities help us to do this.

Next Steps. To draft the report to be circulated to the task force which is based upon survey returns received and solutions developed by the end of this week.

Summary of Solutions. Dennis Higashiguchi will compile a chart to be attached to the minutes from the solutions discussed at the meeting. The results will be circulated to the task force. Camille Chun-Hoon requests that any other solutions go to her email at camille.chun-hoon@doh.hawaii.gov, no later than Sept. 30th. The meeting was adjourned at 4:10 p.m.

Solutions for Social Service Issues:

Issue: Acceptability of Services by Recipient

Barrier: How to get them to accept if not willing?

Solutions:

- Education of Recipient
 - More than brochures, newsletter
 - TV or mass media
 - Other languages
- Ownership of the process
 - Ask the individual
- Create regular, on-site service, so can go to familiar face when in need.
- Avoid labels and use goal-oriented method of communication
 - Independence
 - Control destiny
 - Take care of yourself
 - Frame as benefit
 -

Issue: Decision-Making

Barrier: Who makes decision? Who you listen to? (You=elderly recipient)

Solutions:

- Provider
- Management
- Other owners
- Family

Issue: Environment of Trust

Barrier: How to create?

Solutions:

- Media messages “servable moment”
 - Keep the message constant
- Longer period of time as you age
- Word of mouth from peers
 - Peer counseling support groups – not just elderly only)

Issue: Social Services Network

Barrier(s): How to create? Liabilities? Access?

Solutions:

- Use existing network
 - Area agencies
 - Communicate through churches/faith groups
 - Encourage packages of services; elder can work with fewer agencies

Issue: Payment for Services

Barrier(s): Who is going to pay? Who authorizes? What’s the process?

Solutions:

- Must demonstrate cost/benefit (Medicare/Medicaid tool) They do not pay
- State, government, individuals, HMO’s, philanthropy, reverse mortgages, children,
- Combine all – every NORC is different
- Need a director (State paying for Hale Makua? Alii?)
- Check into Long Term Care insurance (for case management, etc.)

Issue: Exploitation/Ethics (Not just a NORC issue. Not specific to SS provider)

Barrier: Lack of regulation?

Solution(s):

- Marketplace regulates now
- Program is private certification for housing entities
- Education (Public education)
- Information (Conference on exploitation)
 - Public
 - Police, enforcement, banks.
 - Environment of trust - how to create
 - How should you create social services network
 - Who’s going to pay - who authorizes - what’s the process
 - Exploitation/ethics

Strategies/Solutions for management and property management issues:

Issue: Safety for Other than Elderly

Barriers: Inability to identify handicapped, young. Lack of assessment. Fire in the unit/Memory Loss

Solution: Assessment of problem by professional

Issue: Willingness of Board Policies for Access

Barriers: Lack of education of management team/owners/relatives or contact

Solution: Develop access systems for NORC

Issue: Willingness to Learn – Speakers

Barriers: Lack of methodology, pedagogy

Solution(s):

- Education/campaigning for Board members, seminars, information on Real Estate Commission website, gerontologists, video

Issue: Means for Client to Access Services

Barriers: Resources must be readily available and easily communicated with

Solution: Directories (multi-lingual, large print, easily replaced at management office)

Issue: Communication with Elderly

Barriers: Privacy, training of site team, mail/newspaper pickup

Solution: Phone tree, ☺, flipper

Issue: Parking for Providers

Barriers: Lack of parking in house, outside

Solution: Coordinate with management, other owners

Solutions for Residents and Elderly

It was determined that issues of residents and the elderly may well involve development of steps to address situations unique to the individual. Therefore, we did not have the time or resources to create solutions these issues at this time.

APPENDIX E

NORC Supportive Services Program *

The following is a listing and brief description of programs that typically serve NORC senior communities and residents of intergenerational communities where seniors are found in large numbers. Many of these services are provided on-site or in close proximity to the NORC making them very accessible. The programs are in the array of services needed to keep seniors in the community safely as long as possible. While it is not stated below, work also needs to be done to expand the community association's capacity to build relationships. To the extent that efforts are made, the capacity of the NORC to provide these services and meet other unanticipated needs will be enhanced.

Social Services: Include evaluation of individual and family needs; ongoing individual, family and group counseling; and referral for utilization of other professional disciplines or services to other agencies.

Care Coordination: When the senior has a set of social, medical or other needs or problems, the professional care worker will coordinate the entire range of services involved, including assessment, intervention, advocacy, and other needs.

Health Services: Referral and on-site services of staff nurses and another medical support, through preventative programs such as blood pressure screenings and exercise classes.

Legal-Financial Services: Legal assistance or seminars in legal problems, issues. Financial management assistance for those unable to manage their financial affairs.

Mental Health Services: Referral services for seniors with emotional problems such as depression, anxiety or other problems.

Recreation, Educational and Cultural activities: On site activities which enhance the quality of life as well as trips off site to various cultural centers.

Volunteer Participation: NORC programs offer senior and other valuable opportunities to make a contribution to the program as well as benefit from participation.

*With permission from Dr. Michael Cheang, and Kazuo Asada. June 1, 2004

APPENDIX G

ACKNOWLEDGMENTS

The Senate Task Force on Naturally Occurring Retirement Communities wishes to thank the following individuals who lent their expertise and experience to the work of the committee.

Camille Chun-Hoon, Executive Office on Aging - Project Coordinator and prepared final report.

Andrew W. Warrick, University of Hawaii Graduate Studies - Mr. Warrick engaged in survey preparation, distribution, and analysis of the raw data in the draft SCR 79 report.

Michael L. Markrich- NORC Consultant/Reporter- Mr. Markrich interviewed resident managers and conducted follow up research in connection with the survey, conducted research of all states, provided minutes and resource reports for the committee, “Preliminary Needs Assessment for Establishing Naturally Occurring Retirement Communities in Honolulu” and “NORC Supportive Service Programs, are they right for Hawaii?”

Dennis Higashiguchi- NORC Task Force Facilitator- Mr. Higashiguchi led the first organizational/planning discussion and provided needed leadership to both task force sessions, to identify and map out the issues, solutions and a progression of tasks preliminary to the final report.

The survey research and publication would not have been possible without the financial contribution of the Hawaii Real Estate Commission, Condominium Management and Education Fund. The Task Force would like to acknowledge the role of the former Chair, Condominium Review Committee, Mitchell Imanaka, and its Supervising Executive Officer, Calvin T. Kimura.

The Task Force is grateful to Pat Sasaki of the Executive Office on Aging. Without the generous resource support and assistance of the Executive Office on Aging, the Task Force’s committee work could not have been completed.